

Introduction:

Get With The Guidelines®- Coronary Artery Disease (CAD)

and certifications, and offers a unique rural program.

discharge, and follow-up care. Super User accounts are available for health system quality staff to monitor the performance of all affiliated sites, which

Aspirin at Arrival: Percentage of ST-elevation myocardial infarction (STEMI) patients who receive aspirin within 24 hours before or after first medical contact (if arriving via EMS, air, or mobile ICU), or within 24 hours before or after hospital arrival (if arriving via privately-owned vehicle). AHACAD13

Aspirin at Discharge:

Beta Blocker at Discharge:

arrival. AHACAD24

High-Intensity Statin at Discharge:

fraction $\leq 40\%$ or a qualitative assessment of moderate/severe dysfunction with no contraindications or documented intolerance who were prescribed

Pneumococcal Vaccination:

SGLT-2 Inhibitor. AHAHF93

Defect-free care for quadruple therapy medication for patients with HFrEF:

NSTEMI

ACE Inhibitor or ARB Prescribed at Discharge for NSTEMI-ACS:

receptor blocker (ARB) at discharge. AHACAD28

Adult Smoking Cessation Advice/Counseling for NSTEMI-ACS:

ACS) who receive smoking cessation advice/counseling during admission. AHACAD29

Cardiac Rehabilitation Patient Referral from an Inpatient Setting for NSTEMI-ACS:

Dual Antiplatelet Therapy Prescribed at Discharge:

ACS) who were prescribed dual ap Á

Dual Antiplatelet Therapy Prescribed at Discharge for Patients with Diabetes:

NSTEMI

receive an early invasive strategy within 24 hours of arrival. AHACAD34

Health-Related Social Needs Assessment (NSTE-ACS):

High-Intensity Statin at Discharge for NSTE-ACS:

Percentage of patients with NSTEMI who have a risk stratification score documented during

Follow-up instruction:

at discharge or during the hospital stay, addressing follow-up appointment. AHAHF29

Symptoms Worsening Instruction:

or caregiver at discharge or during the hospital stay, addressing what to do if symptoms worsen. AHAHF42

Weight Instruction:

Descriptive Measures:

Diagnosis:

social needs grouped by unmet social needs identified. AHACAD39

grouped by unmet social needs identified. AHACAD20

Length of Stay:

Patients are grouped by prior medical history. AHACAD82

Race:

Sex:

Rural Recognition Measures:

STEMI RECOGNITION

appropriate anticoagulant prior to transfer. AHACAD93

time from first STEMI-positive 12-lead ECG to interfacility transport requested is less than or equal to 10 minutes. AHACAD94

STEMI REPORTING

Reasons for Delay in Transfer:

CHEST PAIN (CP) AND SUSPECTED NSTEMI-ACS

Rural Acute CP and NSTEMI-ACS Composite Score:

syndrome (NSTEMI-ACS) who have cardiac troponin results within 90 minutes of hospital arrival. AHACAD95

(NSTEMI-ACS) patients who received an ECG within 10 minutes of arrival. AHACAD96

High-Risk NSTEMI-ACS Anticoagulant Administration Prior to Transfer:

patients who receive an anticoagulant prior to transfer. AHACAD97

High-Risk NSTEMI-ACS Transfer to PCI Center within Six Hours:

who are transferred to a PCI Center within six hours of arrival. AHACAD98

Intermediate-Risk Acute CP or Suspected NSTEMI-ACS Cardiac Testing:

hospital for advanced cardiac care. AHACAD99

syndrome (NSTEMI-ACS) who have a risk stratification score documented during hospitalization. AHACAD101

SUSPECTED NSTEMI-ACS REPORTING

Rural Acute CP and ACS Defect-Free Care:

Bundle Payments for Care Improvement Measures (BPCI)

Get With The Guidelines — CAD Supports Mission: Lifeline Program: Since 2010, the AHA's Mission: Lifeline program has recognized hospitals for their outstanding